

PERSONNEL ACTION REQUEST

PLEASE PRINT CLEARLY OR TYPE -- MAKE NO ENTRIES IN SHADED AREAS

005	SEQUENCE NUMBER _____ OF _____
010	DOCUMENT PROCESSING NUMBER

1	TO:	SOCIAL SECURITY # 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER AGENCY UNIT CLASS SERIAL 120 121 122 123	DEPT CODE 124	CB ID 126	COUNTY CODE 130	OTHER POSITION 135	BIRTH DATE 140 MM/DD/YY	ANNIV. DATE 145 MM/YY					
2	TO:	TRANSACTION CODE 205	EFFECTIVE DATE AND HOURS 210 MM/DD/YY	EMPLOYMENT HISTORY REMARKS 215	ESTABLISHED EARNINGS IND ID IND ID IND ID 351	ESTABLISHED EARNINGS IND ID IND ID 352										
3	TO:	305 ACTUAL RATE 306 TOTAL SALARY	SALARY PER 310	PAY FREQ. 315	BASED ON SALARY 320	GSI CODE 321	PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY MM/DD/YY	ANNIVERSARY DATE 330 MM/YY	ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF. 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE MM/DD/YY
4	TO:	TIME BASE 405	APPT. TENURE 410	# MOS 415	APPOINTMENT EXPIRATION DATE 416 MM/DD/YY	APPOINTMENT EXPIRATION HOURS 421	CERT. # 425	TYPE OF LIST OR EXMT STAT 426	PROBATIONARY PERIOD ENDING PERIOD 430 MM/DD/YY	MCR APPROVAL CODE FORM DATE 435 MM/DD/YY	SEX 440	ETHNIC ORIGIN 445	PRIOR STATE SERVICE 450	DISABILITY CODE 455		
5	TO:	ACCOUNT CODE 505	SAFETY MEMBER 515	SURVIVORS BENEFITS 520	SS/MED MEMBER 525	RETIREMENT RATE (%) 530	EXEMPT AUTHORITY 535	OATH 540	NON-CITIZEN 545	MEDICAL CLEARANCE 550 MM/DD/YY	FINGERPRINT 555 MM/DD/YY	PROFESSIONAL LICENSE TYPE EXPIRATION DATE 560 MM/DD/YY	JOB INCURRED INJURY CODE INJURY DATE 565 MM/DD/YY	WCTD/IDL DATE		
6	TO:	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HOURS HDTH	TIME TO BE PAID (OLD) 607 DAS HOURS HDTH	PAY IMMED. 615	LUMP SUM TO BE PAID (S) (V) 620 DAS HOURS HDTH	LUMP SUM EXTRA HOURS 625 DAS HOURS HDTH	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE HOURS 645 MM/DD/YY	FIXED MAINTENANCE FIRST / FINAL DED. MONTHLY DED. 655			
7	TO:	TOTAL STATE SERVICE MOS. HOURS AS OF 705 MM/DD/YY	INTERMITTENT DATES AND HOURS 1) ____/____/____ THRU ____/____/____ 2) ____/____/____ THRU ____/____/____ 3) ____/____/____ THRU ____/____/____ 710 MM DD YY MM DD YY HRS TNTH	SERVICE PAY PERIOD 715 MM/YY	REEMPLOYMENT LIST CLASS 720	REEMPLOY LIST ELIG 725	REEMPLOY LIST ELIG 728	REEMPLOY LIST ELIG 730	REEMPLOY LIST ELIG 735	REEMPLOY LIST ELIG 740						
8	TO:	805	810	815	820	825	830	835								
9	TO:	905	910													
10	TO:	BACKUP INFORMATION <input type="checkbox"/> ON FILE FOR AUDIT <input type="checkbox"/> SUBSTANTIATION IN REMARKS OR SEE ATTACHED	REMARKS	KEYED BY INITIALS	DATE MM/DD/YY											
11	TO:	FOR THE APPOINTING POWER For Agencies in State Payroll System: The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster changes filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath required by Sections 3100-3109 of the Government Code has been taken and is on file in the employee's official file. Payment by the State when required under Sections 22825 and 22827 through 22829, inclusive, of the Government Code is hereby approved. Attendance data stated herein is correct, complete and in accordance with all laws and regulations.										CONCURRING APPOINTING POWER SIGNATURE(S) 				
SIGNATURE:		DATE		PHONE		CONTACT PERSON										